

Division of Corporations

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**Florida Department of State  
Division of Corporations  
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(((H14000113029 3)))



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To:

Division of Corporations  
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From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
TMS CENTER OF SOUTHWEST FLORIDA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	<b>\$155.00</b>

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J. STARRS MAY 13 2014

FAX AUDIT NO.: H14000113029 3

**ARTICLES OF ORGANIZATION  
OF  
TMS CENTER OF SOUTHWEST FLORIDA, LLC**

**ARTICLE I-NAME**

The name of the limited liability company shall be TMS CENTER OF SOUTHWEST FLORIDA, LLC (the "Company").

**ARTICLE II-MAILING AND STREET ADDRESS**

The mailing and street address of the principal office of the Company is:

6804 Porto Fino Circle, Suite #1  
Fort Myers, Florida 33912

**ARTICLE III-EFFECTIVE DATE**

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

**ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company are:

**Name**

**Address**

Robert W. Pollack

6804 Porto Fino Circle, Suite #1  
Fort Myers, Florida 33912

**ARTICLE V-PURPOSE**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

**ARTICLE VI-MANAGEMENT OF THE COMPANY**

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following is the name and address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

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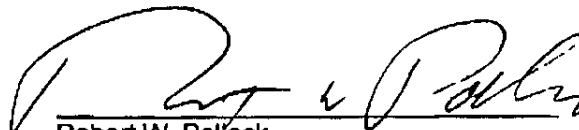
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: TMS CENTER OF SOUTHWEST FLORIDA, LLC.
2. The name and address of the registered agent and office are:

Robert W. Pollack  
6804 Porto Fino Circle, Suite #1  
Fort Myers, Florida 33912

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent, as provided for in Chapter 605, Florida Statutes.



Robert W. Pollack  
Registered Agent

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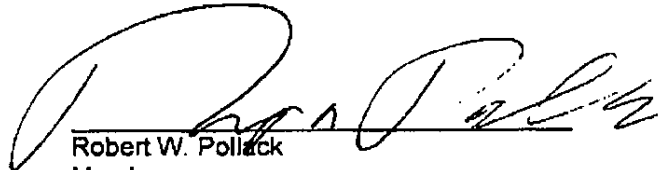
NameAddress

Robert W. Pollack

6804 Porto Fino Circle, Suite #1  
Fort Myers, Florida 33912ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being a Member of the Company has executed these Articles of Organization this 9 day of May, 2014.

  
Robert W. Pollack  
Member

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